

REQUEST: NON-COMPETITIVE AMENDMENT

APPROVED

Commissioner of Finance & Administration

Date:

Each of the request items below indicates specific information that must be individually detailed or addressed as required. A REQUEST CAN NOT BE CONSIDERED IF INFORMATION PROVIDED IS INCOMPLETE, NON-RESPONSIVE, OR DOES NOT CLEARLY ADDRESS EACH OF THE REQUIREMENTS INDIVIDUALLY AS REQUIRED.

RFS #	318.66-017		
STATE AGENCY NAME :	Department of Finance and Administration Bureau of TennCare		
SERVICE CAPTION :	Managed Care organization which provides medically necessary health care services to the TennCare/Medicaid Population		
CONTRACT #	FA-02-14858-00	PROPOSED AMENDMENT #	7
CONTRACTOR :	Better Health Plans, Inc.		
CONTRACT START DATE :	07/01/2001		
CURRENT, LATEST POSSIBLE END DATE : (including ALL options to extend)	12/31/2005		
CURRENT MAXIMUM LIABILITY :	\$340,601,871.63		
LATEST POSSIBLE END DATE WITH PROPOSED AMENDMENT : (including ALL options to extend)	12/31/2006		
TOTAL MAXIMUM COST WITH PROPOSED AMENDMENT : (including ALL options to extend)	\$462,601,359.65		
APPROVAL CRITERIA : (select one)	<input checked="" type="checkbox"/> use of Non-Competitive Negotiation is in the best interest of the state <input type="checkbox"/> only one uniquely qualified service provider able to provide the service		
ADDITIONAL REQUIRED REQUEST DETAILS BELOW (address each item immediately following the requirement text)			
(1) description of the proposed additional service and amendment effects :			
Extends the term of current contract as well as provide funding for term extension.			
(2) explanation of need for the proposed amendment :			

We believe that it is in the best interests of the State to maintain this relationship to ensure the stability of the TennCare Program and prevent the disruption of services to TennCare enrollees.

(3) name and address of the proposed contractor's principal owner(s) :
(not required if proposed contractor is a state education institution)

Care of TRAS
300 Oxford Drive
Monroeville, Pennsylvania 15146

(4) documentation of OIR endorsement of the Non-Competitive procurement request :
(required only if the subject service involves information technology)

select one:



Documentation Not Applicable to this Request



Documentation Attached to this Request

(5) documentation of Department of Personnel endorsement of the Non-Competitive procurement request :
(required only if the subject service involves training for state employees)

select one:



Documentation Not Applicable to this Request



Documentation Attached to this Request

(6) description of procuring agency efforts to identify reasonable, competitive, procurement alternatives rather than to use non-competitive negotiation :

This contract is not a result of non-competitive negotiations. MCO contracts have been offered to any organization that has expressed interest, demonstrated specific qualifications outlined in the Agreements, and willingly accepted the terms of the Agreements. There are currently 6 different organizations that have MCO Contracts.

(7) justification of why the F&A Commissioner should approve a Non-Competitive Amendment :

The approval of this amendment by F&A will ensure the best interests of TennCare enrollees will be served. Based on the network of providers that provider currently has, TennCare is confident that the continuation of this agreement will prevent any disruption of services to enrollees.

AGENCY HEAD REQUEST SIGNATURE:

(must be signed by the ACTUAL procuring agency head as detailed on the Signature Certification on file with OCR — signature by an authorized signatory will be accepted only in documented exigent circumstances)

SIGNATURE DATE:

AMENDMENT NUMBER 7

**AMENDED AND RESTATED CONTRACTOR RISK AGREEMENT
BETWEEN
THE STATE OF TENNESSEE,
d.b.a. TENNCARE
AND
BETTER HEALTH PLANS, INC.
d.b.a. BETTER HEALTH**

CONTRACT NUMBER: FA-02-14858-05

For and in consideration of the mutual promises herein contained and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the parties agree to clarify and/or amend the Amended and Restated Contractor Risk Agreement (CRA) by and between the State of Tennessee TennCare Bureau, hereinafter referred to as TENNCARE, and Contractor Name, hereinafter referred to as the CONTRACTOR as specified below.

Titles and numbering of paragraphs used herein are for the purpose of facilitating use of reference only and shall not be construed to infer a contractual construction of language.

1. Section 4-28 shall be deleted and replaced in its entirety so that the amended Section 4-28 shall read as follows:

4-28. *Term of the Agreement*

This Agreement and its incorporated attachments, if any, as well as all Amendments to this Agreement, contain all of the terms and conditions agreed upon by the parties, and when executed by all parties, supersedes any prior agreements except as stated in Section 1-7. Unless a provision contained in this Amendment specifically indicates a different effective date, for purposes of the provisions contained herein, this Amendment shall be in effect from July 1, 2001, subject to approval by the U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services. The term of this Agreement shall expire on December 31, 2005. Notwithstanding any provision herein to the contrary, this Agreement shall automatically renew for calendar year 2006 with an expiration date of December 31, 2006 unless the CONTRACTOR or the State complies with Section 4-2.(f) regarding non-renewal or unless the State approves termination of the Agreement in accordance herewith. Said renewal shall be automatic and shall not require any notice or other action.

Notwithstanding any provision herein to the contrary, the State may terminate this Agreement if the waiver governing TennCare is terminated. The documents referenced in the Agreement are on file with the CONTRACTOR and with TENNCARE and the CONTRACTOR is aware of their content. No other agreement, oral or otherwise regarding the subject matter of this Agreement, shall be deemed to exist or to bind any of the parties hereto.

2. The September 11, 1995 Amended and Restated Contractor Risk Agreement, as amended, shall be amended by deleting and replacing the date "December 31, 2004" with "December 31, 2005" in all references regarding the Stabilization Period ending December 31, 2004. This shall include, but not be limited to Sections 1-3, 3-10.h and Attachment X.D.

Amendment 7 (cont.)

All of the provisions of the original Agreement not specifically deleted or modified herein shall remain in full force and effect. Unless a provision contained in this Amendment specifically indicates a different effective date, for purposes of the provisions contained herein, this Amendment shall become effective January 1, 2005 or as of the date it is approved by the U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services.

IN WITNESS WHEREOF, the parties have by their duly authorized representatives⁶ set their signatures.

STATE OF TENNESSEE
DEPARTMENT OF FINANCE
AND ADMINISTRATION

BY: M. D. Goetz, Jr. DC
M. D. Goetz, Jr.
Commissioner

DATE: 12/10/2004

APPROVED BY:

STATE OF TENNESSEE
DEPARTMENT OF FINANCE
AND ADMINISTRATION

BY: _____
M. D. Goetz, Jr.
Commissioner

DATE: _____

BETTER HEALTH PLANS, INC.

BY: John Blank, MD
John Blank, MD
President

DATE: 11/28/04

APPROVED BY:

STATE OF TENNESSEE
COMPTROLLER OF THE TREASURY

BY: _____
John G. Morgan
Comptroller

DATE: _____

318.66-017

FA-02-14858-07

Department of Finance and Administration

Bureau of TennCare

BETTER HEALTH PLANS, INC

☐ V- 25-1826548
☐ C-

Managed Care Organization Services/Medically necessary Health Care Services to the TennCare/Medicaid Population

7/1/2001

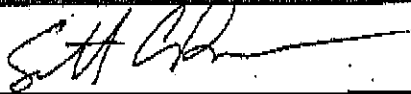
12/31/2006

318.66	413	134	11	<input type="checkbox"/> STARS		
2002	\$ 26,124,717.00	\$ 45,799,818.00			\$	71,924,335.00
2003	\$ 26,541,000.00	\$ 45,753,800.00			\$	72,294,800.00
2004	\$ 27,913,691.56	\$ 50,639,483.09			\$	78,553,174.65
2005	\$ 35,530,800.00	\$ 60,400,900.00			\$	95,931,700.00
2006	\$ 35,530,800.00	\$ 60,400,900.00			\$	95,931,700.00
2007	\$ 16,928,350.00	\$ 31,037,500.00			\$	47,965,850.00
	\$168,569,358.56	\$ 294,032,001.09			\$	462,601,359.65

93,778

Scott Pierce
 729 Church Street
 Nashville, TN
 (615)532-1382

Scott Pierce



Pursuant to T.C.A., Section 9-6-113, I, M. D. Goetz, Jr., Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.

	12/31/2005	12/31/2006
FY: 02	\$71,924,335.00	
FY: 03	\$72,294,800.00	
FY: 04	\$78,553,174.65	
FY: 05	\$78,553,174.65	\$17,378,525.35
FY: 06	\$39,278,587.33	\$56,655,112.67
FY: 07		\$47,965,850.00
	\$340,601,871.63	\$121,999,488.02

CONTRACT SUMMARY SHEET

RFS Number	318.66-017	Contract Number	FA-02-14858-06
State Agency	Department of Finance and Administration	Division	Bureau of TennCare

Contractor	BETTER HEALTH PLANS, INC	Contract Identification Number	25-1825549
	<input type="checkbox"/> V- <input type="checkbox"/> C-		

Service Description	Managed Care Organization Services/Medically necessary Health Care Services to the TennCare/Medicaid Population
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Contract Begin Date	7/1/2001	Contract End Date	12/31/2005
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Allocation Code	318.66	Cost Center	413	Object Code	134	Fund	11	Grant	<input type="checkbox"/> STARS	Grant Code		Subgrant Code	
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FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amounts (including ALL amendments)
2002	\$ 26,124,717.00	\$ 45,799,618.00			\$ 71,924,335.00
2003	\$ 26,541,000.00	\$ 45,753,600.00			\$ 72,294,600.00
2004	\$ 27,913,691.56	\$ 50,639,483.09			\$ 78,553,174.65
2005	\$ 27,913,691.56	\$ 50,639,483.09			\$ 78,553,174.65
2006	\$ 13,956,845.78	\$ 25,319,741.55			\$ 39,276,587.33
Total	\$ 122,449,945.90	\$ 218,151,925.73			\$ 340,601,871.64

ICF ID	93.778	Check the box ONLY with the answer YES
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State Fiscal Contract	Is the Contractor a SUBRECIPIENT? (per OMB A-133)
Name: Dean Daniel	Is the Contractor a Vendor? (per OMB A-133)
Address: 729 Church Street	Is the Fiscal Year Ending STRICTLY LIMITED?
Phone: Nashville, TN	
(615)532-1362	

Procuring Agency Budget Officer Approval Signature	Is the Contractor on STARS?
Dean Daniel <i>Dean Daniel</i> 6/22/04	Is the Contractor's FORM W-9 ATTACHED?
	Is the Contractor's Form W-9 Filed with Accounts?

COMPLET FOR ALL AMENDMENTS ONLY			Funding Certification
END DATE	12/31/2005		Pursuant to T.C.A., Section 9-6-113, I, M. D. Goetz, Jr., Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.
FY: 02			
FY: 03			
FY: 04			
FY: 05			
FY: 06			
Total	\$0.00	\$0.00	

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2001 JUN 28 PM 3:28
COMPTROLLER'S OFFICE
OFFICE OF
MANAGEMENT SERVICES

CONTRACT SUMMARY SHEET

FIS Number		318.66-017		Contract Number		FA-02-14858-05	
State Agency		Department of Finance and Administration		Division		Bureau of TennCare	
Contractor				Contract Identification Number			
BETTER HEALTH PLANS, INC				<input type="checkbox"/> V- <input type="checkbox"/> C-		25-1825549	
Service Description							
Managed Care Organization Services/Medically necessary Health Care Services to the TennCare/Medicaid Population							
Contract Begin Date				Contract End Date			
7/1/2001				12/31/2005			
Assignment Code	State Code	Unapp Code	Fund	Grant	Program Code	Subgrant Code	
318.66	413	134	11	<input type="checkbox"/> STARS			
FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amount (including amendments)		
2002	\$ 26,124,717.00	\$ 45,799,618.00			\$ 71,924,335.00		
2003	\$ 26,541,000.00	\$ 45,753,600.00			\$ 72,294,600.00		
2004	\$ 27,913,691.56	\$ 50,639,483.09			\$ 78,553,174.65		
2005	\$ 27,913,691.56	\$ 50,639,483.09			\$ 78,553,174.65		
2006	\$ 13,956,845.78	\$ 25,319,741.55			\$ 39,276,587.33		
Total	\$122,449,945.90	\$ 218,151,925.73			\$ 340,601,871.64		
ACFID#				93.778			
State Fiscal Contract							
Name				Dean Daniel			
Address				729 Church Street			
City				Nashville, TN			
Phone				(615)532-1362			
Procuring Agency Budget Officer Approval Signature							
Dean Daniel				<i>Dean Daniel</i> 12/23/03			
COMPLETION OF ALL AMENDMENTS (Y/N)							
Base Contract Amount				12/31/2005			
FY: 02				\$71,924,335.00			
FY: 03				\$72,294,600.00			
FY: 04				\$78,553,174.65			
FY: 05				\$78,553,174.65			
FY: 06				\$39,276,587.33			
Total				\$340,601,871.64			
THE APPROVED ON				Pursuant to T.C.A., Section 9-6-113, I, M. D. Goetz, Jr., Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.			

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DEC 30 2003

STAFF - Mr. 132

12/31/03

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DEC 30 2003
On Contracts Review

CONTRACT SUMMARY SHEET

Contract Number	318.666-017	Contract Number	FA-02-14858-04
Contract Agency	Department of Finance and Administration	Division	Bureau of TennCare
Contractor	BETTER HEALTH PLANS, INC	Contract Identification Number	25-1825549
		<input type="checkbox"/> V- <input type="checkbox"/> C-	

Service Description: Managed Care Organization Services/Medically necessary Health Care Services to the TennCare/Medicaid Population

Contract Begin Date	7/1/2001	Contract End Date	12/31/2005
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Amount	Rate Code	Order Code	Rate	Star	Unit Code	Subgroup Code
318.66	413	134	11	<input type="checkbox"/> STARS		
				Total Contract Amount, Including All Amendments		
2002	\$ 26,124,717.00	\$ 45,799,618.00				\$ 71,924,335.00
2003	\$ 26,541,000.00	\$ 45,753,600.00				\$ 72,294,600.00
2004	\$ 27,913,691.56	\$ 50,639,483.09				\$ 78,553,174.65
2005	\$ 27,913,691.56	\$ 50,639,483.09				\$ 78,553,174.65
2006	\$ 13,956,845.78	\$ 25,319,741.55				\$ 39,276,587.33
Total	\$ 122,449,945.90	\$ 218,151,925.73				\$ 340,601,871.64

State Fiscal Package	93.778
Contract Agency/Bureau Office Approval Signature	Dean Daniel 729 Church Street Nashville, TN (615)532-1362

Dean Daniel *Dean Daniel* 6/30/03

COMMITTEE FOR ALL AMENDMENTS SIGNATURE		
END DATE	BASE CONTRACT PRICE	THE AMENDMENT TOTAL
	12/31/2005	
FY: 02	\$71,924,335.00	\$0.00
FY: 03	\$72,294,600.00	\$0.00
FY: 04	\$72,294,600.00	\$6,258,574.65
FY: 05	\$72,294,600.00	\$6,258,574.65
FY: 06	\$36,147,300.00	\$3,129,287.33
Total	\$324,955,435.00	\$15,646,436.64

Pursuant to T.C.A., Section 9-6-113, I, M. D. Goetz, Jr., Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.

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MANAGEMENT SERVICES

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Office of Contracts Review

CONTRACT SUMMARY SHEET

RFS Number		Contract Number	FA-02-14858-03
State Agency	Department of Finance and Administration	Division	Bureau of TennCare
Contractor		Contract Identification Number	
BETTER HEALTH PLANS, INC		<input type="checkbox"/> V- <input type="checkbox"/> C-	25-1825549

Service Description
Managed Care Organization Services/Medically necessary Health Care Services to the TennCare/Medicaid Population

Contract Begin Date	7/1/01	Contract End Date	12/31/05
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Allocation Code	Cost Center	Object Code	Fund	Grant	Grant Code	Subgrant Code
318.66	413	134	11	<input type="checkbox"/> STARS		
BY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amount (including VAF amendments)	
2002	\$ 26,124,717.00	\$ 45,799,618.00			\$	71,924,335.00
2003	\$ 26,541,000.00	\$ 45,753,600.00			\$	72,294,600.00
2004	\$ 26,541,000.00	\$ 45,753,600.00			\$	72,294,600.00
2005	\$ 26,541,000.00	\$ 45,753,600.00			\$	72,294,600.00
2006	\$ 13,270,500.00	\$ 22,876,800.00			\$	36,147,300.00
Total	\$ 119,018,217.00	\$ 205,937,218.00			\$	324,955,435.00

GFDA#	93.778	Check the box ONLY if the answer is YES	
State Fiscal Contact		Is the Contractor a SUBRECIPIENT? (per OMB A-133)	
Dean Daniel 729 Church Street Nashville, TN (615)532-1362		Is the Contractor a Vendor? (per OMB A-133)	
Procuring Agency Budget Officer Approval Signature		Is the Contractor's funding STRICTLY LIMITED?	
Dean Daniel <i>Dean Daniel</i> 7/1/02		Is the Contractor on STARS?	
		Is the Contractor's FORM W-9 ATTACHED?	
		Is the Contractor's Form W-9 Filed with Accounts?	

COMPLETE FOR ALL AMENDMENTS (only)			Funding Certification	
END DATE	Base Contract & Prior Amendments	THIS Amendment ONLY	Pursuant to T.C.A., Section 9-6-113, I, C. Warren Neel, Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.	
02	12/31/05			
03				
04				
05				
06				
Total	\$0.00	\$0.00		

CONTRACT SUMMARY SHEET

Contract Number	FA-02-14858-02
State Agency	Department of Finance and Administration
Division	Bureau of TennCare
Contractor	BETTER HEALTH PLANS, INC
Contract Identification Number	25-1825549

Service Description
Managed Care Organization Services/Medically necessary Health Care Services to the TennCare/Medicaid Population

Contract Begin Date	7/1/01	Contract End Date	12/31/05
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Amount Code	Object Code	Object Code	Fund	Grant	Grant Code	Subgrant Code
318.66	413	134	11	<input type="checkbox"/> STARS		
FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amount (including all amendments)	
2002	\$ 26,124,717.00	\$ 45,799,618.00			\$ 71,924,335.00	
2003	\$ 26,541,000.00	\$ 45,753,600.00			\$ 72,294,600.00	
2004	\$ 26,541,000.00	\$ 45,753,600.00			\$ 72,294,600.00	
2005	\$ 26,541,000.00	\$ 45,753,600.00			\$ 72,294,600.00	
2006	\$ 13,270,500.00	\$ 22,876,800.00			\$ 36,147,300.00	
Total	\$ 119,018,217.00	\$ 205,937,218.00			\$ 324,955,435.00	

CFDA#	93.778	Check the box ONLY if the answer is YES
State Fiscal Contract	Is the contractor a SUBRECIPIENT per OMB A-133?	
Name: Dean Daniel	Is the contractor a vendor per OMB A-133?	
Address: 729 Church Street	Is the fiscal year funding subject to FIMIN?	
City: Nashville, TN	Is the contractor STARS?	
Phone: (615)532-1362	Is the contractor's FORM W-9 ATTACHED?	
Procuring Agency Budget Officer Approval Signature: Dean Daniel	Is the contractor's Form W-9 filled with Accounts?	
7/1/02		

COMPLETE FOR ALL AMENDMENTS (only)			Funding Certification	
END DATE	Base Contract & Prior Amendments	This Amendment ONLY	Pursuant to T.C.A., Section 9-6-113, I, C. Warren Neel, Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.	
Y: 02	\$71,924,335.00	\$0.00		
Y: 03	\$71,924,335.00	\$370,265.00		
Y: 04	\$71,924,335.00	\$370,265.00		
Y: 05	\$71,924,335.00	\$370,265.00		
Y: 06	\$35,962,168.00	\$185,132.00		
Total	\$323,659,508.00	\$1,295,927.00		

FA-01-14234-01

RFB # 318.86-017

Tennessee Department of Finance and Administration

Bureau of TennCare

Better Health Plans, Inc.

☒ V
☐ C

25-1625349

Managed Care Organization Services/Medically necessary Health Care Services to the TennCare/Medicaid Population

April 1, 2001

December 31, 2005

318.86

109

134

11

☐ on STARs

FY 01	\$20,748,810	\$35,473,799			
FY 02	\$28,124,717	\$45,799,818			\$50,220,009
FY 03	\$28,124,717	\$45,799,818			\$71,924,335
FY 04	\$28,124,717	\$45,799,818			\$71,924,335
FY 05	\$28,124,717	\$45,799,818			\$71,924,335
FY 06	\$13,062,359	\$22,899,809			\$71,924,335
	\$138,808,037	\$241,572,080			\$35,962,168
					\$378,980,117

93.778

Keith Galtner

729 Church Street, Nashville TN 37247-6501

(615) 532-3911

Keith Galtner / RFD 6/29/01

Pursuant to T.C.A., Section 9-6-113, I, John D. Ferguson, Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.

	12/31/03	
FY 01	\$56,220,609	
FY 02	\$224,882,436	\$(152,958,101)
FY 03	\$224,882,436	\$(152,958,101)
FY 04	\$112,441,218	\$(40,516,882)
FY 05		\$71,924,335
FY 06		\$35,962,168
	\$818,426,998	\$(238,546,582)

RFD + Mary Ann

Agree w/ Computations
on Summary
7/17/01

CONTRACT SUMMARY SHEET

Contract Number	FA-01-14234-02 <i>QO</i>	State Agency	Tennessee Department of Finance and Administration
	RFS # 318.66-017	Division	Bureau of TennCare

Contractor Better Health Plans, Inc.	<input checked="" type="checkbox"/> V— <input type="checkbox"/> C—	Vendor ID Number 25-1825549
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Service Description	
Managed Care Organization Services/Medically necessary Health Care Services to the TennCare/Medicaid Population	
Contract Begin Date	Contract End Date

April 1, 2001		December 31, 2005				
Allotment Code	Cost Center	Object Code	Fund	Grant	Grant Code	Subgrant Code
318.66	109	134	11	<input type="checkbox"/> on STARS		

FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amount (including ALL amendments)
FY 01	\$20,746,810	\$35,473,799			\$56,220,609
FY 02	\$26,124,717	\$45,799,618			\$71,924,335
FY 03	\$26,124,717	\$45,799,618			\$71,924,335
FY 04	\$26,124,717	\$45,799,618			\$71,924,335
FY 05	\$26,124,717	\$45,799,618			\$71,924,335
FY 06	\$13,062,359	\$22,899,809			\$35,962,168
Total	\$138,308,037	\$241,572,080			\$379,880,117

<input type="checkbox"/> Fiscal Year Funding is Strictly Limited	CFDA Number 93.778
<input type="checkbox"/> Contractor is on STARS	State Fiscal Contact
<input type="checkbox"/> Current Form W-9 On File With Accounts OR <input checked="" type="checkbox"/> Form W-9 Attached	Name Address Phone Keith Gaither 729 Church Street, Nashville TN 37247-6501 (615) 532-3911
<input checked="" type="checkbox"/> Service Provider Registered with F&A	Procuring Agency Budget Officer Approval Signature
<input type="checkbox"/> Contractor is a SUBRECIPIENT (as defined by OMB Circular A-133)	<i>Keith Gaither / RWD 10/16/01</i> Keith Gaither

COMPLETE FOR ALL AMENDMENTS (only)			Funding Certification
	Base Contract & Prior Amendments	This Amendment ONLY	Pursuant to T.C.A., Section 9-6-113, I, John D. Ferguson, Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.
Contract End Date			
Total			OCR Use Only

RECEIVED
 OCT 30 2001
 OFFICE OF ACCOUNTS

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 COMPTROLLER'S OFFICE
 OFFICE OF
 MANAGEMENT SERVICE